

Entered - 8-31-00 - sb
CL 00L0524 - GWENDOLYN BURNS

CLAIM OF:

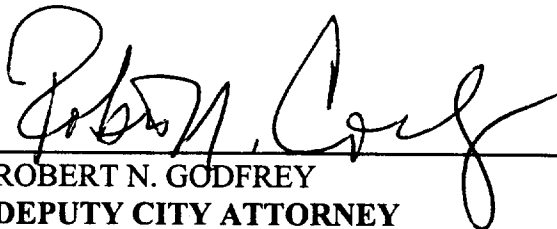
**NATIONWIDE MUTUAL FIRE
INSURANCE COMPANY as subrogee of
Richard Austell**
1230 Johnson Ferry Road
Suite F-10
Marietta, Georgia 30068

01-*R*-0289

For vehicular damages alleged to have been sustained as a result
inadequate street signs on April 19, 2000 at Spring Street &
Martin Luther King, Jr. Drive.

THIS ADVERSED REPORT IS
APPROVED

BY:



ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0524

Date: February 13, 2001

Claimant /Victim RICHARD AUSTELL

BY: (Atty) (Ins. Co.) Nationwide Mutual Fire Insurance Company

Address: 1230 Johnson Ferry Road, Suite F-10, Marietta, Georgia 30068

Subrogation: X Claim for Property damage \$ 7,537.67

Bodily Injury \$

Date of Notice: 8/29/00

Method: Written, Proper

X

Improper

Conforms to Notice: O.C.G.A. §36-33-5

X

Ante Litem (6 Mo.)

X

Date of Occurrence 4/19/00

Place: Spring Street & Martin Luther King, Jr. Drive

Department PUBLIC WORKS

Division

Traffic and Transportation Services

Employee involved

Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that the City was negligent in failing to provide adequate street signs to show that Spring Street had undergone a directional change which resulted in his vehicle sustaining damage when he struck a vehicle as he attempted to make a left turn from a center lane on a one-way street. However, the operation and maintenance of street signs, markings and traffic control devices are governmental functions and the City is protected by sovereign immunity as set forth in O.C.G.A §36-33-1.

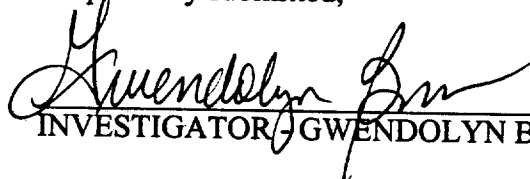
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 02-15-01
Committee Action: _____ Council Action _____



1230 Johnson Ferry Rd Suite F-10 * GA-10-MARI * Marietta, GA 30068

BURNS
08/29/00

August 28, 2000

City of Atlanta
Law Department
55 Trinity Ave Suite 6400
Atlanta, GA 30335

ENTERED - 8-31-00 - SB
00L0524 - GWEN BURNS

YOUR INSURED : City of Atlanta
YOUR INSURED'S ADDRESS :

55 Trinity Ave Suite 6400
Atlanta, GA 30335

YOUR POLICY NUMBER :

ACCIDENT LOCATION : N SPRING ST ATLANTA 30341DE KALB

DATE OF ACCIDENT : 04-19-2000

OUR INSURED : Richard Austell

OUR CLAIM NUMBER : 77 10 N 858562 04192000 01

We have been informed that you are the insurance carrier for City of Atlanta. Our investigation of the accident between Richard Austell & William Caldwell on April 19, 2000 on Spring Street. Because the above street has undergone directional changes is the primary cause of this accident. This is now a one way street but at the time of the accident it beared double yellow lines in the center indicating travel in both directions. The street has been repainted since the accident to show that it is now a one way street.

Please accept this letter as notice of our subrogation rights.

Attached is a copy of the police report and photos of the area to support the claim. Total amount paid out as a result of this accident is \$7537.67. Breakdown for this is as follows:

Richard Austell property damage: \$2818.31; Deductible: \$250, Rental: \$320.

William Caldwell property damage: \$3119.36; Injury: \$1030.00

Payment is requested in full in the amount of \$7537.67. Thank you for your cooperation.

NATIONWIDE MUTUAL FIRE INSURANCE COMPANY
Renee' Michelle Wills
Claims Department
(770)565-4483 Ext. 226

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